NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700005259

HOME REPAIR GRANTS, INC.

Principal Place of Business

Mailing Address

12131 MCGREGOR BOULEVARD FORT MYERS FL 33919

12131 MCGREGOR BOULEVARD FORT MYERS FL 33919

FILED Feb 24, 1999 8:00 am § Secretary of State

02-24-1999 90131 039 ****61.25



2. Principal Pl	ace of Business	2a. Mailing Address			Date Incorporated or Qualifed				
21		26			09/15/1997				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Nu			App	lied For
22		27			65-07	<u> 183147 </u>		Not	Applicable
City & State	9	City & State			5. Certifos	ite of Status Desired		\$8.75 A	
23		28			o. Octaioe			Fee Rec	uired
Zip	Country	Zip	Country			n Campaign Financing		\$5.00 1	· 1
24	25	29 30	0			und Contribution		Added to	Fees
	9. Name and Address of Current	Registered Agent	81		10. Name	and Address of New R	egistered Ag	ent	
			81	Name					
MIKESELL, ROGER R				82 Street Address (P.O. Box Number is Not Acceptable)					
12131 MC	GREGOR BOULEVARD			,,			· · · · · · · ·		
FORT MY	ERS FL 33919		83						
			84	City			FL	35 Zip C	ode
11 Durauant	to the provisions of Sections 617.0502	and 617 1508 Florida Statutes	the above	-named corpo	ration submit	s this statement for the	ourpose of cha	nging its r	egistered
office or re	egistered agent, or both, in the State of	Florida, Such change was autr	norized by i	tne corporation	n's board of d	irectors. I hereby accept	t the appointm	ent as reg	istered
agent. I a	n familiar with, and accept the obligation	ons of, Section 617.0503, Florida	a Statutes.						
SIGNATURE	Signature, typed or printed name of registered agent a	and title if apolicable. (NOTE: Re	egistered Agen	t signature required	when reinstating)		DATE		— ·
12.	OFFICERS AND		13.			NS/CHANGES TO OFF	ICERS AND I	DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE				C] Change	☐ Addition
NAME	MIKESELL. DONNA M		1.2 NAME						
STREET ADDRESS	12131 MCGREGOR BLVD		1.3 STREET	ADDRESS					
CITY-ST-ZIP	FT MYERS FL 33919		1.4 CITY-ST	r-zip					
TITLE	VPD	_			<i>p</i> -			Change	
NAME	LOMPSON, KEAT	This was	حَن طب	丁ノN		p 50 N		44 8 c //	02
STREET ADDRESS	12131 MCGREGORY BLVD	- 1 K/S DA 3	1			E908 8400			
CITY-ST-ZIP	FT MYERS FL 33919	This was		. <u>.</u> -		5'F2 33919		<u> </u>	<u></u>
TITLE	D					1] Change	Addition
NAME	MIKESELL, ROGER		. ~~	,		1			
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CITY-ST-ZIP	FT MYERS FL 33919	ITIs te		1					
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NAME		•							
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NAME									
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CITY-ST-ZIP	N. 1 **	-						Chapas	Addition
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NAME									
STREET ADDRESS			т			-			
0.774 07 710			6.4 CITY-ST	r-zip i					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.